

Hawaii Dept. of Health, Office of Health Care Assurance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 125021	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2019
NAME OF PROVIDER OR SUPPLIER KAUAI VETERANS MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 4643 WAIMEA CANYON DRIVE WAIMEA, HI 96796		
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4 000	Initial Comments A re-licensing survey was conducted by the Office of Health Care Assurance (OHCA) on 05/22/19. The facility was found not to be in substantial compliance with Chapter 11-94.1 Hawaii Administrative Rules. Survey dates: May 19, 2019 through May 22, 2019. Survey Census: 20 Residents. Sample Size: 12 Residents.	4 000		
4 120	1-94.1-27(9) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (9) The right to names, addresses, and telephone numbers of pertinent resident advocacy groups; This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to verbally inform eight of 20 residents how to make a formal complaint to the state survey agency concerning suspected violation of state or federal nursing facility regulations. Findings include: During a meeting with eight Resident Council	4 120	1a. The Ombudsman attended the May 29th Monthly Resident Council Meeting and reviewed the process for filing a formal complaint concerning suspected violations of the state or federal nursing facility regulations with the residents. The meeting was conducted by the facility Social Worker. Handouts were provided. 1b. On 6/14/19, the facility also mailed a	6/14/19

Office of Health Care Assurance
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

06/17/19

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4 120	<p>Continued From page 1</p> <p>participants (Resident (R)1, R2, R10, R16, R17, R18, R119, and R120) on 05/20/19 at 11:15 AM when asked if they were given information how to file a formal complaint to the state survey agency they all answered no.</p> <p>Resident council meeting minutes dated May 31, 2018 to February 27, 2019 reviewed. No documentation found to indicate that residents were given written or verbal information on how to file a formal complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations.</p> <p>Facility admission packet reviewed: Patient rights & responsibilities brochure states under concerns and complaints how the resident or their representative can file a formal grievance or complaint.</p> <p>During an interview with the Social Worker (SW) on 05/21/19 at 02:17 PM regarding how the information is shared with the resident and resident's family how to file a formal complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulations. The SW stated that at various intervals including the quarterly resident care conference review meetings the residents are informed which staff they can talk to about their complaints. It depends on what their complaint is who we refer the resident or their representative to.</p>	4 120	<p>copy of the "Hawaii Long-Term Care Ombudsman Information Brochure" along with "Kauai County's Got a Concern? Who to Call?" phone listing to each resident's family/representative.</p> <p>2a. All residents have the potential for the possibility of not knowing how to file a formal complaint for any suspected violation of nursing facility regulations.</p> <p>3a. Twice a year, in the months of June and December, the facility will be mailing a copy of the "Hawaii's Long-Term Care Ombudsman Information Brochure" along with the "Kauai County's Got a Concern? Who to Call?" phone listing to each resident's family/representative to remind them of the process.</p> <p>3b. The Social Worker will remind the residents of their rights and who to contact should they feel their rights have been violated at each of their Monthly Resident Council Meetings. These reminders will be reflected in the minutes.</p> <p>3c. The Ombudsman will be invited to attend Monthly Resident Council Meeting at least twice a year to review the entire process with the residents.</p> <p>4a. Twice a year, June and December, the Unit Clerk will provide the LTC Nurse Manager a list of who the brochures were mailed to and the date they were mailed.</p> <p>4b. The Social worker will provide the LTC Nurse Manager a copy of the minutes</p>	

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4 120	Continued From page 2	4 120	<p>from each Monthly Resident Council Meeting.</p> <p>4c. The Nurse Manager will monitor the following for compliance:</p> <ul style="list-style-type: none"> - Bi-annual mailings of the LTC Ombudsman Information Brochures with Kauai County's phone listing - Monthly Resident Council Meeting minutes <p>4d. Compliance findings will be reported by the LTC Nurse Manager to HPIC for three consecutive meetings and/or until 100% compliance is met.</p>	
4 205	<p>11-94.1-53(b)(2) Infection control</p> <p>(b) The facility shall have provisions for isolating residents with infectious diseases until appropriate transfers can be made.</p> <p>(2) At least one single bedroom shall be designated as an isolation room as needed and shall have:</p> <p>(A) An adjoining toilet room with nurses' call system, a lavatory, and a toilet;</p> <p>(B) Appropriate hand-washing facilities available to all staff; and</p> <p>(C) Appropriate methods for cleaning and disposing of contaminated materials and equipment;</p>	4 205		6/28/19

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4 205	<p>Continued From page 3</p> <p>This Statute is not met as evidenced by: Based on observation, interview, and policy review, the facility failed to maintain bedside equipment in accordance with infection prevention and control standards to prevent the transmission of communicable diseases and infections and to incorporate routine cleaning and care of bedside equipment into their policy & procedures.</p> <p>Findings include:</p> <p>During an observation in room 12 on 05/20/19 at 12:51 P.M., a Yankauer Suction Catheter with attached tubing contained thick yellow residue. The suction canister was soiled. There was no label found to identify when the suction equipment was placed.</p> <p>During an interview with Staff (S) 13 on 05/20/19 at 12:55 P.M., was queried as to what is the protocol when using suction equipment. S13 replied "I never use it."</p> <p>During an Interview with S15 on 05/20/19 at 01:00 P.M. when asked about the soiled equipment and how long it had been in place, stated that the nurse on duty said she suctioned the resident last night. "It's good for one week."</p> <p>During an Interview with S30 on 05/21/19 at 01:31 P.M. stated "24 hours is the standard from the time of use and also if the tubing is dirty, nurses should use their judgement and change."</p> <p>Standard and Transmission Based Precautions Policy and Procedure dated January 13, 2016 was reviewed. Environmental control, a. Ensure that facility-approved procedures for the routine care, cleaning and disinfection of environmental</p>	4 205	<p>1a. The suction canister, tubing, and yankauer suction catheter found in Room 12 were disposed of on 5/20/19.</p> <p>1b. All other resident rooms were also checked on 5/20/19 to verify no other suction canisters were in use.</p> <p>2a. All residents have the potential to be affected by this deficient infection control practice.</p> <p>3a. The current General Nursing Infection Control Policy (500-125-1) was used as a guide to create a new LTC specific Infection Control Policy (550-125-1). Specifics were added to 550-125-1 to limit the use of suction supplies to 72 hours. Canisters will also be labeled when placed in use to indicate start and discard date.</p> <p>3b. LTC Nurse Manager to review policy 550-125-1 (LTC Infection Control Policy) with all staff; specifically to educate them on changes regarding suction supplies. This education will also be added to new employee orientation.</p> <p>4a. LTC Nurse Manager/designee to do weekly spot checks on suction equipment in resident's rooms to verify policy changes are being followed.</p> <p>4b. Results from spot checks will be reported to HPIC for three consecutive meetings and/or until 100% compliance is achieved.</p>	

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4 205	Continued From page 4 surfaces, beds, bedrails, bedside equipment, and other high touch surfaces are being followed.	4 205			